

# BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <i>10645370</i>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
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44		/					94			
45		/					95			
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
Total							Total			
Indep							Indep			
Depend							Depend			
Total							Total			
Claims							Claims			